

2009 DETENTION OF NON-DELINQUENTS IN JUVENILE **DETENTION FACILITIES ANNUAL SURVEY**

CALIFORNIA CORRECTIONS STANDARDS AUTHORITY THIS IS A ONCE A YEAR SURVEY AND IS DUE BY APRIL 15, 2009 PLEASE COMPLETE ALL SECTIONS

SECTION I – FACILITY INFORMATION				
Facility Name:				
County:				
Type of Facility:		☐ Juvenile Hall	☐ Camp	☐ Special Purpose Juvenile Hall
SECTION II – STATUS OFFENDERS PLEASE CHECK THE APPROPRIATE BOX FOR YOUR FACILITY:				
YES*	NO	Please check "Yes" or "No" for the following question regarding status offenders as defined in <u>Section 601, WIC</u> :		
		This facility will hold non-delinquent minors as status offenders, as defined in Section 601 WIC, during the calendar year 2009.		
Corrections Standards Authority (CSA) for each minor held as a status offender. If a minor is detained for subsequent weekends, please submit a separate report for each individual detention. Please notify the CSA if this status changes during the 2009 calendar year. If you are not sure that you will be holding status offenders, but the potential exists, please indicate YES above. When a status offender is held, please submit a Status Offender Detention Report.				
SECTION III – FEDERAL MINORS PLEASE CHECK THE APPROPRIATE BOX FOR YOUR FACILITY:				
YES*	NO	Please check the appropriate box for the following questions regarding minors held for the <u>Federal Government</u> :		
		This facility will hold Federal Minors during the 2009 calendar year.		
*If YES , please submit, <i>upon the minor's release</i> , a <i>Federal Minor Detention Report</i> to the CSA for each "Federal Government hold" minor held. Please notify the CSA if this status changes during the federal year. If you are not sure that you will be holding federal minors, but the potential exists, please indicate YES above. When a federal minor is held, please submit a Federal Minor Detention Report.				
SECTION IV - PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:				
Person Reporting (Name and Title):			Date:	Phone: E-Mail:
Facility Manager (Name and Title):			Date:	Phone:

Submit Completed Report to:

E-Mail: